



Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



lincoln.ne.gov

August 30, 2007

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Crabby Bill's Seafood Shack, 803 'Q' Street requesting a class C liquor license.

Crabby Bills will be a full service restaurant and estimates 85% of sales will be from food.

Mark Johnson, owner has requested that he be approved as the manager of the liquor license.

Background information on Mr. Johnson will be omitted as he is the currently approved manager for Vincenzo's which holds a liquor license.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



Liquor License Business Report

Completed by Inv. Fosler #843

Business Name: CRABBY BILLS

Address : 803 Q ST Phone: _____

Type of Investigation : Purchase Upgrade Expansion New
Owner Manager Other: _____

Type of Business: REST

Liquor Class A B C D I J K Catering Other: _____

Ownership: Corporation Partnership Individual

Amount Financed: ? Source: NEBR STATE BANK

Lease Agreement: 3yr with options

Sales: %Food: 85 %Liquor: 15

Located: Commercial Industrial Residential

Traffic Flow: HEAVY Off Street Parking: Yes No

Ready for Operation: Yes No/ Est Date: OCT 1

Food Service: Yes No Employees: F/T 4 P/T 16

Est Seating: UNK ^{140?} Est Daily Customers 120

Hours of Operation: 4pm - 10 pm m-thur 4-11 SAT 4-9 SUN

Any Additional Comments: _____

RHC - spring

Hours of Operation: 7pm - 10 pm m-thur 4-11 SAT 4-9 SUN

APPLICATION FOR LIQUOR LICENSE

301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov/

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CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES

CHECK DESIRED CLASS(S)

NEBRASKA LIQUOR
CONTROL COMMISSION

RETAIL LICENSE(S)

<input type="checkbox"/>	A	BEER, ON SALE ONLY	\$45.00
<input type="checkbox"/>	B	BEER, OFF SALE ONLY	\$45.00
<input checked="" type="checkbox"/>	C	BEER, WINE & DISTILLED SPIRITS, ON & OFF SALE	\$45.00
<input type="checkbox"/>	D	BEER, WINE & DISTILLED SPIRITS, OFF SALE ONLY	\$45.00
<input type="checkbox"/>	I	BEER, WINE & DISTILLED SPIRITS, ON SALE ONLY	\$45.00

Class K Catering license may be added to any of these classes with the filing of the appropriate form and fee of \$100.00

MISCELLANEOUS

<input type="checkbox"/>	L	Craft Brewery (Brew Pub)	\$295.00	\$1,000 minimum bond
<input type="checkbox"/>	O	Boat	\$ 95.00	
<input type="checkbox"/>	V	Manufacturer	\$ 45.00(+license fee)	\$10,000 minimum bond
<input type="checkbox"/>	W	Wholesale Beer	\$545.00	\$5,000 minimum bond
<input type="checkbox"/>	X	Wholesale Liquor	\$795.00	\$5,000 minimum bond
<input type="checkbox"/>	Y	Farm Winery	\$295.00	\$1,000 minimum bond
<input type="checkbox"/>	Z	Micro Distillery	\$295.00	\$1,000 minimum bond

All Class C licenses expire October 31st

All other licenses expire April 30th

Catering expire same as underlying retail license

TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

- ☐ Individual License (requires insert form 1)
☐ Partnership License (requires insert form 2)
☒ Corporate License (requires insert form 3a & 3c)
☐ Limited Liability Company (requires form 3b & 3c)

NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION

(commission will call this person with any questions we may have on this application)

Name Michael P. Frank Phone number: 402-216-8855

Firm Name _____

PREMISE INFORMATION

Trade Name (doing business as) Crabby Bill's Seafood Shack

Street Address #1 803 Q Street

Street Address #2 _____

City Lincoln

County Lancaster

Zip Code 68508

Premise Telephone number Applied for 435-3888

Is this location inside the city/village corporate limits:



YES



NO

Mail address (where you want receipt of mail from the commission)

City

Name Michael Frank

Street Address

#1 927 Eldorado Dr,

Street Address

#2 _____

City Omaha

County Douglas

Zip Code 68154

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

See attached

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APPLICANT INFORMATION

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.** AUG 14 2007

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ YES ☐ NO

If yes, please explain below or attach a separate page.

See attached

2. Are you buying the business and/or assets of a licensee?

☐ YES ☒ NO

If yes, give name of business and license number

a) Submit a copy of the sales agreement including a list of the furniture, fixtures and equipment.

b) Include a list of alcohol being purchased, list the name brand, container size and how many?

3. Are you filing a temporary agency agreement whereby current licensee allows you to operate on their license?

☐ YES ☒ NO

If yes, attach temporary agency agreement form and signature card from the bank.

This agreement is not effective until you receive your three (3) digit ID number from the Commission.

4. Are you borrowing any money from any source to establish and/or operate the business?

☒ YES ☐ NO

If yes, list the lender American National Bank

5. Will any person or entity other than applicant be entitled to a share of the profits of this business?

☐ YES ☒ NO

If yes, explain. All involved persons must be disclosed on application.

6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

☐ YES ☒ NO

If yes, list such items and the owner.

7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business?

☐ YES ☒ NO

If yes, explain.

No silent partners

8. Are you premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 feet of a college or university campus?

☐ YES ☒ NO

If yes, list the name of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)

9. Is anyone listed on this application a law enforcement officer?

☐ YES ☒ NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or withdrawals on accounts at the institution.

American National Bank, Michael P. Frank, Mark Johnson, Steve Nagle, Bill Whitley

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

Vincenzo's Inc, 1818 N. 144 Omaha #27033, 808 P St, Lincoln #28639 1207 Harney Omaha #74500

12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations. Mark Johnson 35

13. List the training and/or experience (when and where) of the person lists in #12 above in connection with selling and/or serving alcoholic beverages. 25 Years as Restaurant Manager and Owner, Classes From NLC

14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

☒ Lease: expiration date October 31st 2010

☐ Deed

☐ Purchase Agreement

15. When do you intend to open for business? October 1 2007

16. What will be the main nature of business? Restaurant and Bar

17. What are the anticipated hours of operation? 4 PM-12PM

18. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach a separate sheet.

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE

APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
Michael Frank Omaha Ne	97	2007	None		
Mark Johnson Lincoln Ne	97	2007	Sheri Lincoln Ne	97	2007
Bill Whitley Bellevue, Omaha Ne	97	2007	Tracey Bellevue Omaha Ne	97	2007
Steve Nagle Lincoln Ne	97	2007	Tami Lincoln Ne	97	2007

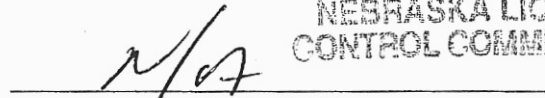
The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.


Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.

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NEBRASKA LIQUOR
CONTROL COMMISSION



Signature of Applicant


Signature of Spouse


Signature of Applicant


Signature of Spouse


Signature of Applicant


Signature of Spouse


Signature of Applicant


Signature of Spouse

Signature of Applicant

Signature of Spouse

State of Nebraska

County of Douglas

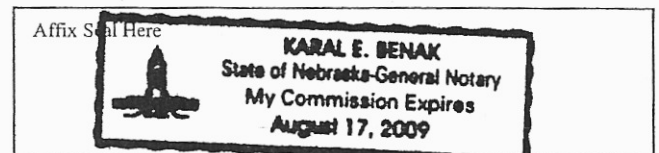
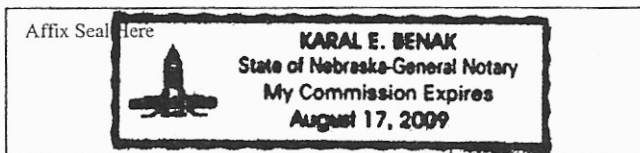
The foregoing instrument was acknowledged before me this August 13, 2007 by

Michael P. Frank, Mark R. Johnson,
William T. Whitley & Steven R. Nagle
Notary Public signature

County of Douglas

The foregoing instrument was acknowledged before me this August 13, 2007 by

Sherry Johnson, Tracey A. White,
Tami L. Nagle
Notary Public signature



in compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities.
A ten day advance period is required in writing to produce the alternate format.

Michael P. Frank, Mark R. Johnson,

Sherry Johnson, Tracey A. White,

**MANAGER APPLICATION
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website:

Office Use

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NEBRASKA LIQUOR
CONTROL COMMISSION

Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of their certified birth certificate or INS papers
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

Corporation/LLC information

Name of Corporation/LLC: Crabby Bill's Seafood Shack, Inc.

Premise information

Premise License Number: _____

Premise Trade Name/DBA: Crabby Bill's Seafood Shack

Premise Street Address: 803 Q St

City: Lincoln

State: Ne

Zip Code: 68508

Premise Phone Number: 435 3888

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.

Michael P. Frank, President

CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☒ MALE ☐ FEMALE

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Last Name: Johnson First Name: Mark MI: R

Home Address (include PO Box if applicable): 3134 S 29th

NEBRASKA LIQUOR
CONTROL COMMISSION

City: Lincoln State: Ne Zip Code: 68502

Home Phone Number: 423-1258 Business Phone Number: 435-3889

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: _____

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☒ YES ☐ NO

Spouse's information

spousal

Spouses Last Name: Johnson First Name: Sherry
MI: L

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: _____

APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS

APPLICANT			SPOUSE		
CITY & STATE		YEAR FROM TO	CITY & STATE		YEAR FROM TO
Lincoln Ne		1997 2007	Lincoln Ne		1997 2007

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2000	2007	Vincenzo's Ristorante	Micheal Frank	216-8855
1994	2000	Paramount Linen		

Manager and spouse must review and answer the questions below
PLEASE PRINT CLEARLY

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1. **READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.**

NEBRASKA LIQUOR
CONTROL COMMISSION

Has anyone who is a party to this application, or their spouse, EVER been convicted of or pled guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. **If more than one party, please list charges by each individual's name.**

☒ YES

☐ NO

If yes, please explain below or attach a separate page.

Mark Johnson, Speeding, Omaha Ne, 1974. Disturbing the Peace, Lincoln Ne, 12-99
Shery Johnson, Assault, Lincoln, 7-94, Speeding Lincoln 12-06, Speeding Lincoln 5-05,
Run Red Light, Lincoln, Lincoln, 8-03

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? **IF YES**, list the name of the premise.

☐ YES

☒ NO

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

☒ YES

☐ NO

4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the **Nebraska State Patrol for \$38.00 per person**)

☒ YES

☐ NO

prints enclosed

PERSONAL OATH AND CONSENT OF INVESTIGATION

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The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has **NO** interest directly or indirectly, a spousal affidavit of non participation may be attached.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

X Mark R. Johnson
Signature of Manager Applicant

X Sherry L. Johnson
Signature of Spouse

State of Nebraska

County of Douglas

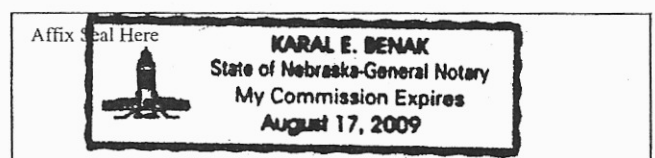
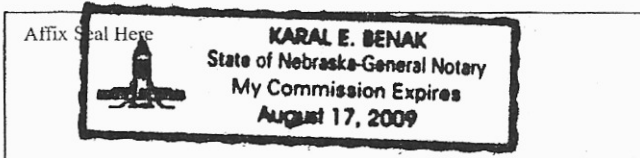
The foregoing instrument was acknowledged before me this 13th August, 2007 by

Mark R. Johnson
Karal E. Benak
Notary Public signature

County of Douglas

The foregoing instrument was acknowledged before me this 13th August 2007 by

Sherry L. Johnson
Karal E. Benak
Notary Public signature

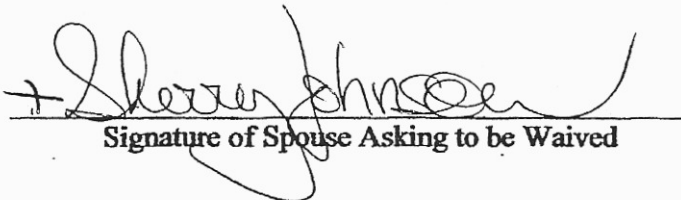


NEBRASKA LIQUOR CONTROL COMMISSION
AFFIDAVIT OF NON PARTICIPATION

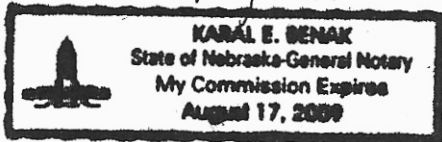
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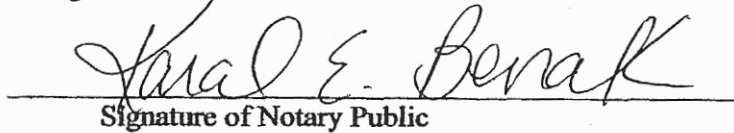
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The undersigned individual acknowledges that he/she will have no interest, directly or indirectly, in the operation or profit of the business, as prescribed in Section 49-125(13) of the Liquor Control Act. Such individual shall not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices, represent themselves as owner or in any way participate in the day to day operations in any capacity. The undersigned individual will also be waived of filing fingerprint cards, however, will be required to disclose any violation(s) on all applications and sign all necessary documents.

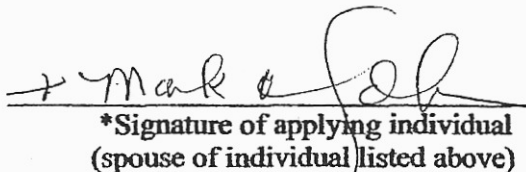
on

Signature of Spouse Asking to be Waived

SUBSCRIBED in my presence and sworn to before me this 13th day
of August, 2007.

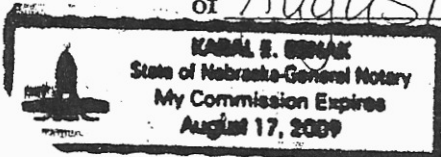


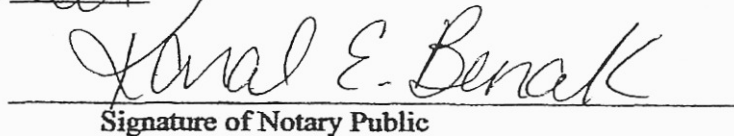

Signature of Notary Public

The applying individual, whose spouse is requesting to be waived, understands that he/she is responsible for compliance with the conditions set out above, and that if such terms are violated, the Commission may cancel or revoke the license.

 Mark Johnson
*Signature of applying individual Print name of applying individual
(spouse of individual listed above)

SUBSCRIBED in my presence and sworn to before me this 13th day
of August, 2007.




Signature of Notary Public

*spouse of individual listed above is the individual required to sign bottom portion of affidavit

FORM 35-4178
REV 9/05

(spouse of individual listed above)

**APPLICATION FOR LIQUOR LICENSE
CORPORATION
INSERT - FORM 3a**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website:

Office Use

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NEBRASKA LIQUOR
CONTROL COMMISSION

Officers, directors and stockholders holding over 25%, including spouses, are required to adhere to the following requirements

- 1) The president and stockholders holding over 25% and their spouse (if applicable) must submit their fingerprints (2 cards per person)
- 2) All officers, directors and stockholders holding over 25 % and their spouse (if applicable) must sign the signature page of the Application for License form (Even if a spousal affidavit has been submitted)

Attach copy of Articles of Incorporation (Articles must show barcode receipt by Secretary of States Office)

Name of Registered Agent: Cary Kline

Name of Corporation that will hold license as listed on the Articles

Crabby Bill's Seafood Shack, Inc.

Corporation Address: 803 Q Street

City: Omaha Lincoln State: Ne Zip Code: 68508

Corporation Phone Number: 435-3888 Fax Number: 393 8855

Total Number of Corporation Shares Issued: 1,000.00

Name and notarized signature of president (Information of president must be listed on following page)

Last Name: Frank First Name: Michael MI: P

Home Address: 927 Eldorado Dr City: Omaha

State: Ne Zip Code: 68154 Home Phone Number: 498-2930

X [Signature]

Signature of president

State of Nebraska
County of Douglas

The foregoing instrument was acknowledged before me this

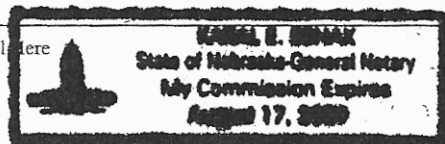
8/13/2007
date

by Michael P. Frank
name of person acknowledged

[Signature]

Notary Public signature

Affix Seal Here



Signature of president

List names of all officers, directors and stockholders including spouses (Even if a spousal affidavit has been submitted)

Prints on
file
signed

Last Name: Frank First Name: Michael MI: P

Social Security Number: Date of Birth:

Title: President Number of Shares 300

Spouse Full Name (indicate N/A if single): N/A

Spouse Social Security Number: Date of Birth:

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NEBRASKA LIQUOR
CONTROL COMMISSION

Prints
signed
spousal
signed

Last Name: Johnson First Name: Mark MI: R

Social Security Number: Date of Birth:

Title: Vice President Number of Shares 300

Spouse Full Name (indicate N/A if single): Sherry Lynn Johnson

Spouse Social Security Number: Date of Birth:

signed
spousal
signed

Last Name: Nagle First Name: Steven MI: R

Social Security Number: Date of Birth:

Title: Vice President Number of Shares 100

Spouse Full Name (indicate N/A if single): Tami Lyn Nagle

Spouse Social Security Number: Date of Birth:

signed
spousal
signed
Prints on
file
signed

Last Name: Whitley First Name: William MI: T

Social Security Number: Date of Birth:

Title: Vice President Number of Shares 300

Spouse Full Name (indicate N/A if single): Tracey Whitley

Spouse Social Security Number: Date of Birth:

Is the applying Corporation controlled by another Corporation?

☐ YES

☒ NO

If yes, provide the name of corporation and supply an organizational chart

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NEBRASKA LIQUOR
CONTROL COMMISSION

Indicate the Corporation's tax year with the IRS (Example January through December)

Starting Date: January Ending Date: December

Is this a Non-Profit Corporation?

☐ YES

☒ NO

If yes, provide the Federal ID #.

NEBRASKA LIQUOR CONTROL COMMISSION
AFFIDAVIT OF NON PARTICIPATION

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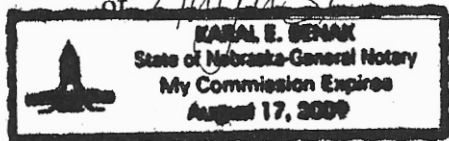
AUG 14 2007

The undersigned individual acknowledges that he/she will have no interest, directly or indirectly, in the operation or profit of the business, as prescribed in Section §53-125(13) of the Liquor Control Act. Such individual shall not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices, represent themselves as owner or in any way participate in the day to day operations in any capacity. The undersigned individual will also be waived of filing fingerprint cards, however, will be required to disclose any violation(s) on all applications and sign all necessary documents.

X [Signature]
Signature of Spouse Asking to be Waived

SUBSCRIBED in my presence and sworn to before me this 13th day

of August, 2007.



Karal E. Benak
Signature of Notary Public

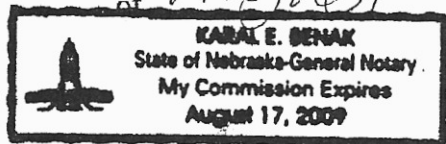
The applying individual, whose spouse is requesting to be waived, understands that he/she is responsible for compliance with the conditions set out above, and that if such terms are violated, the Commission may cancel or revoke the license.

X [Signature]
*Signature of applying individual
(spouse of individual listed above)

William T. Whitley
Print name of applying individual

SUBSCRIBED in my presence and sworn to before me this 13th day

of August, 2007.



Karal E. Benak
Signature of Notary Public

*spouse of individual listed above is the individual required to sign bottom portion of affidavit

RECEIVED

NEBRASKA LIQUOR CONTROL COMMISSION
AFFIDAVIT OF NON PARTICIPATION

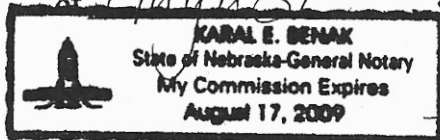
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NEBRASKA LIQUOR
CONTROL COMMISSION

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x Sam Nagle
Signature of Spouse Asking to be Waived

SUBSCRIBED in my presence and sworn to before me this 13th day
of August, 2007.

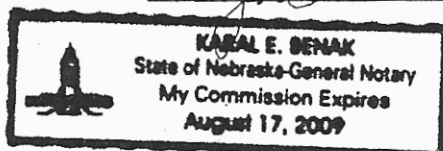


Karal E. Benak
Signature of Notary Public

The applying individual, whose spouse is requesting to be waived, understands that he/she is responsible for compliance with the conditions set out above, and that if such terms are violated, the Commission may cancel or revoke the license.

Sam Nagle Steve Nagle
*Signature of applying individual Print name of applying individual
(spouse of individual listed above)

SUBSCRIBED in my presence and sworn to before me this 13th day
of August, 2007.



Karal E. Benak
Signature of Notary Public

*spouse of individual listed above is the individual required to sign bottom portion of affidavit